

**NIH CLINICAL CENTER NURSING & PATIENT CARE SERVICES**  
**CRN POC COMPETENCY VALIDATION**

Name: \_\_\_\_\_ Manager or Designee: \_\_\_\_\_  
 Work Area: \_\_\_\_\_ Primary Preceptor: \_\_\_\_\_  
 Hire Date: \_\_\_\_\_ Competency Date: Met \_\_\_\_\_ Not Met: \_\_\_\_\_

Reason for validation: ☐ Orientation ☐ Re-validation ☐ PI Follow-up ☐ Other \_\_\_\_\_

**Key:** 1 = No knowledge/No experience      3 = Knowledge/Done with assistance      **Circle method used for validation:** D = Demonstration    DR = Documentation Review    V = Verbalization  
 2 = Knowledge/No experience      4 = Knowledge/Done independently      T = Test/Quiz      O = Other (specify)

**Competency: Controlled Substance Infusion (IV, PCA, Epidural) – Manages care and seeks to prevent complications in patients requiring controlled substance infusion (IV, PCA, Epidural).**

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resources	Comments
						Met	Not Met*		
1. Identifies indications and benefits of controlled substance infusion.	1	2	3	4	DR, V			Unit Orientation  <u>NPCS Policy</u> Handling of Controlled Substances  <u>NPCS SOP:</u> Controlled Substance Infusion, Care of the Patient Receiving  Venous Access Device, Care of the Patient with Central & Peripheral  Experience with preceptor	
2. Identifies major side effects and how to prevent them.	1	2	3	4	V				
3. Identifies normal medication doses for controlled substance infusion.	1	2	3	4	V				
4. Complies with NPCS guidelines.	1	2	3	4	D, DR, V				
5. Demonstrates correct use and dose of naloxone and romazicon.	1	2	3	4	D, V				
6. Traces controlled substance along the infusion line to the patient to validate the correct route.	1	2	3	4	D				
7. Demonstrates accurate programming of ambulatory pump according to prescribed orders as appropriate.	1	2	3	4	D				
8. Documents care of controlled substance infusion according to NPCS guidelines.	1	2	3	4	D, DR, V				

**Action Plan for Competency Achievement**

Targeted Areas for Improvement (Behavioral Indicators):


Educational Activities/Resources Provided:


“Hands on” practice planned with preceptor, unit educator, CNS, nurse manager:


Re-evaluation date: \_\_\_\_\_

By: \_\_\_\_\_

- ☐ Competency Met
- ☐ Competency Not Met

Next Step:\_\_\_\_\_